## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Barton et al. : Art Unit: 3629

Serial No.: 09/848,051 :

: Examiner: Dennis William Ruhl Filed: May 3, 2001

For: METHODS AND SYSTEMS

FOR COMPLIANCE PROGRAM

ASSESSMENT

Mail Stop Amendment Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

## TRANSMITTAL

Transmitted herewith is:
 Transmittal and Amendment (40 pages)

#### STATUS

2. Applicant

claims small entity status.
is other than a small entity.

# EXTENSION OF TERM

3.	1.136 apply.										
	(a) Applicant petitions for an extension of time under 37 C.F.R. 1.136  (Fees: 37 C.F.R. 1/7(a)-(d) for the total number of months checked below:)										
(rees: 5/ C.r.K. 1.1/(a)-(a) for the total flumber of months effected below.)											
Ext	ension for response within:	Other than small S entity Fee	Small entity Fee (if applicable)								
	irst month	\$ 120.00 \$	60.00								
	second month	\$ 450.00 \$	225.00								
	third month	\$ 1,020.00 \$	510.00								
	fourth month	\$1,590.00	795.00								
	fifth month	\$2,160.00 \$	1,080.00								
		Fee Due \$	120.00								
If an additional extension of time is required, please consider this a petition therefor.  (Check and complete the next item, if applicable)											
An extension of months has already been secured. The fee paid therefor \$ is deducted from the total fee due for the total months of extension now requested.											
Extension fee due with this request \$ 120.00.											
	OR  (b) Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.										
	or unic.										

## FEE FOR CLAIMS

The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below: OTHER THAN (Col. 1) (Col. 2) (Col. 3) SMALL ENTITY SMALL ENTITY CLAIMS REMAINING HIGHEST NO. PRESENT ADDITIONAL. ADDITIONAL AFTER AMENDMENT PREVIOUSLY PAID FOR RATE FEE OR RATE FEE EXTRA =0 x \$9 = \$ x \$18 = \$0.00 MINUS TOTAL INDE

P.		-	MINUS			x \$44 = \$		x \$88 =	\$0.00		
_	FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$150 = \$		+ \$300 =	- \$			
						TOTAL ADDITIONAL	OR		ADDITION		
						FEE \$		FEE	\$0.00		
	(a)	$\boxtimes$	No add	itional fee for	r Claims is	required					
					OR						
	(b)		Total a	dditional fee	for claims i	required \$					
FEE PAYMENT											
Attached is a check in the sum of \$											
				FEE !	DEFICIEN	ICY					
6.		If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.									
					AND/OR						
	If any additional fee for claims is required, charge Deposit Account No. 01-2384.										
7.		Other:									
						Lack It	yeli	Q			
						iel M. Fitzgerald					
						. No. 38,880 MSTRONG TEASI	DALE	LLP			
					One	Metropolitan Squa			00		
						Louis, MO 63102 /621-5070					
					314/	041-3070					